

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">16-501165</div>		Filing Date	
							Applicant(s)			
							* May be used for additional claims or amendments			
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1		1							
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Total Indep	1		1							
Total Depend	8		6							
Total Claims	9		7							
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